EXHIBIT 17

Participant's contact information, including email address, and that of its counsel.

Participant must provide all of the information below in English:

1.

if any:	
Participant's Name: Arcabio Orhiz C	elevo
Participant's Address: 130 Avenile Co	ampobello Cidra P.R
Participant's Email Address: Juinico 123 6 hot mai	1, con 007
Name of Counsel: Departmentor	Education, P.Riw
Address of Counsel: Puerto 2: co	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17BK3283	9-LTS
Nature of Claim: Tworked for +	102 fra 1979-2000.
Arcadio Onliz Cedeno - 584.74-0884	
Print Name	
	RECEIVED
Title (if Participant is not an individual)	AUG 2 5 2021
Date () 3/02/	PRIME CLERK LLC

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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